

PROGRESS SHEET – APPLICATION FOR WATER RIGHT

☐ SURFACE WATER ☒ GROUND WATER

NAME: **Mr SteveClark**
Grant County Port District
P.O. Box 616
Grand Coulee, Washington 99133-0616
509-633-2669

CONTACT: **Mr. Steve Clark. GCPD#7**
P.O. Box 39
Electric City, Washington 99133-0039
H: 509-633-0906 W: 633-1193

☐ ASSIGNED (SEE BACK OF PAGE)

GRANT COUNTY

WRIA

42

WRTS No. **G3-30481**

ID No. **4260860**

APPLICATION NO.: G3-30481

PRIORITY DATE: January 5, 2005

Date App rec'd: January 5, 2005 Date fee rec'd: 1-5-2005 Amount \$10.00 Check No.: 2676

Statement of additional exam. fee: \$ _____ Sent: _____ Rec'd: _____

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

☒ SPOTTED

Newspaper(s): **The Star Newspaper or the Coulee City News-Standard**

OK'd by: **K.A.Yerbich**

Date Notice Sent **1-30-2006**

Date Affidavit rec'd: **2-28-2006**

Time expires: **3-17-2006**

Checked by: **Kay Yerbich**

Date: **3-7-2006**

☐ Protests: _____

☐ Fee rec'd: _____

INTERESTED PARTIES:

☐ WDFW ☐ State DOH ☐ County DOH ☐ Tribe ☐ USBR ☐ W²FO ☐ EphrataFO ☐ _____

WDFW COMMENT: ☐ YES ☐ NO Note: _____

FISH SCREEN: ☐ YES ☐ NO LOW FLOW PROVISIO: ☐ YES ☐ NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED

DEVELOPMENT SCHEDULE:

BC due: _____ EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: ☐ YES ☐ NO Note: _____

CC due: _____ EXT to: _____ CC filed: _____

PA due: _____ EXT to: _____ PA filed: _____

METER INSTALLED: ☐ YES ☐ NO Note: _____

FISH SCREEN INSTALLED: ☐ YES ☐ NO Note: _____

PA FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

Date examination made: _____ By: _____

APPROVED FOR CERTIFICATE: ☐ YES ☐ NO

Cert. fee: \$ _____ Date letter sent: _____ Fee rec'd: _____ Check No.: _____

Date Certificate issued: _____

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

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Assignment approved: _____

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Date: _____

Initial: _____